



## City of Las Vegas Recreation Department 2005-2006 After School Program

***Program runs from: August 22, 2005 - May 12, 2006***

***Hours: 3:00 pm to 5:30 pm ← M-W-THU. (Fri 3:00pm-5:pm)***

***Fee: \$30.00 per month (advance payment required)***

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell/Pager

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Age

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Grade

***Emergency Contacts:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## City of Las Vegas Emergency Medical Authorization Form

**Purpose:** To enable parents or guardians to AUTHORIZE emergency treatment for children who become ill or injured while under program authority, when parents cannot be contacted. Upon completion parents must return this form to the Abe Montoya Recreation Center. The original form and any copies thereof may be used to identify the medical options of the undersigned parent. This consent is valid for child's years of K-12.

\_\_\_\_\_  
Participant's Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
D.O.B

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Daytime Phone

.....

### GRANTING CONSENT

In case of an emergency involving my child where I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, I give any reasonable and customary medical and health care deemed necessary.

\_\_\_\_\_  
Primary Physician

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Primary Dentist

\_\_\_\_\_  
Telephone

If for any reason the above listed medical care providers or hospital cannot be reached. I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital and/or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concur.

Nothing in this section shall be constructed to impose liability on any city official or city employee whom in good faith, attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

## Medical Insurance Provider Information

\_\_\_\_\_  
Medical Insurance Provider

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

I/we, named below do hereby agree to release, hold harmless, and forever give up any claim against the City of Las Vegas Recreation Dept. or any of its agents or representatives, that may arise in the future, for damages on account of bodily injury or property damages arising in any manner out of participation in the Abe Montoya Recreation Centers programs.

I/we, understand that should any injury occur during participation in the aforementioned programs, the City of Las Vegas, its agents, and or its representatives cannot be held responsible; and I/we, understand that by signing this form all legal rights to hold the City of Las Vegas Recreation Dept. or any of its agents or representatives responsible are waived.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*The City of Las Vegas Recreation Department does not have the ability to handle special needs children, if your child has special needs they will need to be accompanied by someone who is able to care for their individual needs.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date